State of Alaska
Department of Public Safety
Council on Domestic Violence and Sexual Assault

Guide to the BIP Database and Forms for Use By CDVSA Approved Batterers' Intervention Programs

(revised 11/2014)

Dear friend

This document contains instructions for keeping data for a batterer's intervention program in Alaska according to state of Alaska regulations (see 22 AAC 25.030 (a)(1)(G) and 22 AAC 25.090(8)).

Different users will benefit from different amounts of instruction on the database and forms. However it's important that *all* users read and understand some sections. Anything in this document that should be read by ALL data system users, regardless of background and learning style, is highlighted in green. There are about five pages worth of this highlighted text. Non-highlighted sections can be used for step-by-step instruction or for reference.

This document, copies of the forms, and possibly answers to questions may be found on the technical support website: http://www.dps.state.ak.us/Cdvsa/Grantee-Support-Database-Support.html. If you don't find what you are looking for on the site, please don't hesitate to call the CDVSA's Research Analyst during the regular workweek at (907) 465-4673. The Research Analysis can also currently be reached at bahiyyih.parish@alaska.gov, but this email address is subject to change.

Thank you for your excellent work! All suggestions or questions you may have are welcome.

Rocket Parish
CDVSA Research Analyst

Contents

Keeping Data

The BIP database and forms keep three types of data: on participants, incidents, and services. The data is kept on paper on three different forms.

When to Use Each Form Summary

Detailed instructions for when to use each form are included with the instructions for each form, starting on page 5. But a basic summary follows: When a batterer first makes contact with your program and an intake assessment is completed, the Participant Information Report and an Incident Report should also be completed. The Incident Report should be completed for the most recent incident before intake and any other past ones that are important to be aware of. It should also be completed for any incidents that occur after intake. The services provided form is filled out for every participant, for every month in which he receives services, or if there is a relevant change of status.

Form Name	Type of Data	When to Use it
Participant Information Report	Demographic data and information on the participant's past.	This form should be completed once for each participant, at the beginning of the participant's relationship with the program. It is modified or added to, rarely, as needed.
Incident Report	Information about the incident(s) that caused entrance into the program, and any subsequent incidents. One form is completed for each incident.	At the beginning of the participant's relationship with the program, and any time an additional domestic violence or criminal incident occurs, as made known by participant self-report or legal interaction.
Monthly Services Report	Services provided for the participant, or changes in participant status.	Monthly for every month in which a participant receives a service, or if there is a change of status.

When to Enter Data into the BIP Database

Each form has a corresponding section in the online BIP database. Data should be transferred from the forms to the database on a regular basis. A frequency of monthly or greater is ideal, and some will find it easier to add information whenever they provide services.

Records Retention

These three forms should be saved for one year after the data has been entered into the BIP database. They do not need to be mailed to the CDVSA, since their data is entered into the database.

Quarterly Narratives and Goals and Objectives and Statistical Report

These forms do *not* replace the existing quarterly narrative or goals and objectives reporting forms, or the quarterly statistical report. Please continue to submit those as usual.

The Participant Information Report Form

CDVSA Batterer's Intervention Program   **Participant Information Report**

Participant Name_____

Program Name_____

Participant ID (optional)_____

APSIN ID_____

Date of Birth_____ Date of Contact_____

Additional Court Case IDs (optional)_____

Gender:
□ Male   □ Female   □ Unknown

Races:
□ Alaska Native
□ American Indian
□ Asian
□ Black / African American
□ Hispanic
□ Other:_____
□ Pacific Islander
□ Caucasian

Childhood Traumas:
□ Physically Abused As a Child
□ Victim of Incest / Child Sexual Abuse
□ Parent(s) in Abuse Relationship
□ Past Abuse, Type Unknown
□ No Past Abuse
□ Unknown
□ Other Abuse:_____

Past Intervention:
□ Anger Management
□ Community Based Batterer's Program
□ Prison Batterer's Program
□ Jail Time
□ Mental Health / Psychiatric Services
□ Substance Abuse Treatment
□ No Intervention
□ Unknown
□ Other:_____

Prepared By:_____

Reviewed By:_____

Review Date:_____

Violence Committed Before First Incident:
□ Destruction of Pets/Property
□ Physical Force Used
□ Sexual Assault (Any Degree) Adult Victim
□ Sexual Abuse (Any Degree) Minor Victim
□ Threats of Violence
□ Weapons Used
□ No Prior Violence
□ Unknown
□ Other:_____

Previous Violent Convictions (Before First Intake):
□ Yes   □ No   □ Unknown

Alcohol Abuse (select only one):
○ Client has a problem with alcohol
○ Client does not have a problem with alcohol
○ Unknown

Drug Abuse (select only one):
○ Client has a problem with drugs
○ Client does not have a problem with drugs
○ Unknown

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Contents

- Demographic information—race and gender and age
- Information about the participant's past, including traumas they experienced as a child, violence they committed before the incident leading to their intake, and past interventions.
- Information on the participants alcohol and substance abuse status.
- Full name and APSIN ID

When to Complete this Form

This form should be filled out when a new participant begins at the program, at about the same time an intake assessment is completed. It should also be filled out, when possible, for participants who are already in the program, if they haven't had this form filled out yet.

Does it need to be filled out if a participant is returning to the same program after an absence or is being readmitted?

No. Not if the form has previously been filled out and the data has been put in the BIP database.

Does it need to be filled out if a participant is new to this program, but has participated in programs elsewhere in Alaska, and already has Participant Information in the BIP database?

If you think that it will yield new or different information, or if you would like a paper copy for your records, then you may want to fill this out for a participant who already has a complete participant record in the BIP database. Doing so is not necessary.

Does it need to be filled out for people who are already participants and receiving services, as of November 2014?

In order to enter services and incident into the database, there needs to be an entry for each participant in the "Participant Information" section. This entry can be left temporarily empty except for the last name and the APSIN ID. But when time is available, please enter as much demographic data as you have for each active participant, into the BIP database. A new paper form need not be created if you don't want.

Participant Information Data Definitions—Filling out the form

This section is laid out in the same order as the form itself:

PARTICIPANT

A participant is a person who:

1. Is enrolled in a prison or community based program, or who
2. Is receiving follow-up services, whether participant completed the program or not.

PARTICIPANT NAME

Use the participant's full given name, including the middle name. You can include nicknames or aliases in parenthesis.

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text "BIP" for community program, or "PBP" for prison program. Please be consistent in your usage.

PARTICIPANT ID (Optional)

This is optional, in case you use a participant ID as part of your filing system. It isn't entered into the BIP database.

The participant ID is a unique designator specific to a particular participant. It is assigned at the very first intake and used without change for the duration of the participant's relationship with the program.

If your program uses participant IDs, the following system is often used to create them: (a) the first initial of the first name, then the first two letters of the last name (b) followed by two numbers for the month of birth, two numbers for the day of birth, and two numbers for the year of birth.

APSIN ID

This field is required for all participants. APSIN IDs can be found on court documents for all criminal cases. If you can't find your participant's APSIN ID, ask your local court contact, and if you still can't find his APSIN ID, you may pass the request on the CDVSA's Research Analyst (907) 465-4673, or currently: bahiyyih.parish@alaska.gov.

Any participant who has had administrative, or law enforcement or criminal justice contact in Alaska has an APSIN ID. In the very unlikely case that a participant lacks an APSIN ID, please put in this field the text "No APSIN " followed by the participant's driver's license number.

DATE OF BIRTH

Give participant's date of birth.

DATE OF CONTACT

The date that this form was first filled out, or the first time that the participant entered your program, whichever is earliest. This information isn't currently entered into the database.

ADDITIONAL COURT CASE IDs (Optional)

For your records, you may include court case IDs associated with this client that are not already included in an incident form. This isn't entered into the database.

GENDER

Identify the participant as male or female, according to the participant's identification and chosen presentation.

PARTICIPANT ETHNICITY

Select participant's racial/ethnic identification. Do not assume based upon appearances: ask the participant. Check the appropriate box(es).

People whose Native American heritage is solely from Alaskan tribes should mark Alaska Native, and not American Indian.

If a participant does not know their racial/ethnic heritage, or chooses not to reveal it, mark Unknown, and in the Comments section, say "Race unknown" or "Race not disclosed" as appropriate.

CHILDHOOD TRAUMAS

Select which types of traumatic experiences the participant experienced as a child. If the participant experienced a type of abuse that's not listed, then select "Other Abuse" and specify the nature of the abuse in the Comments section.

PAST INTERVENTION

Select any interventions the participant received, before their first association with your program. Select Batterer's Program if they have participated in a Batterer's program other than the one they

are currently entering/part of. If the participant has been involved with a program designed to help him that is not on the list, check "Other," and write in the exact intervention type.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It's strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

VIOLENCE COMMITTED BEFORE FIRST INCIDENT

Select any acts of violence that the participant committed, *before* the incident that caused the participant to enter the batterer's program. If additional information is available, such as a police report, that discloses violence that the participant did not acknowledge, then rely on that information.

PREVIOUS VIOLENT CONVICTIONS

If there have been prior convictions for any crime involving violence committed by the participant, check "yes." The act committed is the determining factor. For example, if a participant was charged with Assault, but convicted of Disorderly Conduct, check "yes" on the form, as participant did commit a violent act.
If participant has had no previous convictions for violence, check "no."
If you do not know, check "unknown."

ALCOHOL ABUSE

Select "Client has a problem with alcohol" if the client identifies himself as or is identified as having a problem with alcohol use, abuse or dependency, or if the client has a history of abusive behavior while under the influence of alcohol. Please don't leave this section blank; select "Unknown" if participant alcohol abuse status can't be determined.

DRUG ABUSE

Select "Client has a problem with drugs" if the client identifies himself as or is identified as having a problem with drug use, abuse or dependency, or if the client has a history of abusive behavior while under the influence of drugs. Please don't leave this section blank; select "Unknown" if participant drug abuse status can't be determined.

COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

The Incident Report Form

Contents

This form contains information about an incident that the participant has committed. It covers

- the relationship of the participant to the victim
- whether or not the participant was under the influence of drugs or alcohol during the incident
- types of violence the participant committed during the incident
- criminal charges associated with the incident
- criminal convictions associated with the incident

When this form is about an incident that led directly to the participant joining the batterer's program, another section on this form is for what type of referral the participant had.

CDVSA Batterer's Intervention Program   **Incident Report**

Participant ID and/or APSIN and/or Name _____

Date of Contact_____   Program Name_____

Incident Date_____   Court Case IDs_____

Referral
- ☐ Court
- ☐ OCS
  - Reason:_____
- ☐ Self
- ☐ Other:_____

Relationship to Victim
- ☐ Spouse
- ☐ Other Romantic Partner
- ☐ Ex-Spouse
- ☐ Ex-Romantic Partner
- ☐ Friend
- ☐ Minor Child
- ☐ Parent / Guardian
- ☐ Sibling
- ☐ Other:_____

Types of Violence Participant Committed
- ☐ Physical Force Used
- ☐ Sexual Assault (Any Degree) Adult Victim
- ☐ Sexual Abuse (Any Degree) Minor Victim
- ☐ Threats of Violence
- ☐ Use of Weapons
- ☐ No Violence
- ☐ Destruction of Pets/Property
- ☐ Unknown
- ☐ Other:_____

Alcohol Use (select only one)
- ○ Used Alcohol at Time of Current Offense
- ○ No Alcohol Use During Incident
- ○ Unknown if Alcohol Used During Incident

Drug Use (select only one)
- ○ Used Drugs at Time of Current Offense
- ○ No Drugs Use During Incident
- ○ Unknown if Drugs Used During Incident

Comments:_____
_____
_____

Charges:
- ☐ Domestic Violence
- ☐ Alcohol/Drug Related
- ☐ Assault 1
- ☐ Assault 2
- ☐ Assault 3
- ☐ Assault 4
- ☐ Attempted Murder
- ☐ Criminal Mischief
- ☐ Disorderly Conduct
- ☐ DUI
- ☐ Harassment
- ☐ Murder
- ☐ None
- ☐ Other:_____
- ☐ Parole or Release Violation
- ☐ Probation Violation or Offender Registration Violation
- ☐ Reckless Endangerment
- ☐ Robbery (Any)
- ☐ Stalking (Any)
- ☐ Theft (Any)
- ☐ Sexual Assault Adult Victim
- ☐ Violating Protective Order

Convictions:
- ☐ Domestic Violence
- ☐ Alcohol/Drug Related
- ☐ Assault 1
- ☐ Assault 2
- ☐ Assault 3
- ☐ Assault 4
- ☐ Attempted Murder
- ☐ Criminal Mischief
- ☐ Disorderly Conduct
- ☐ DUI
- ☐ Harassment
- ☐ Murder
- ☐ None
- ☐ Other:_____
- ☐ Parole or Release Violation
- ☐ Probation Violation or Offender Registration Violation
- ☐ Reckless Endangerment
- ☐ Robbery (Any)
- ☐ Stalking (Any)
- ☐ Theft (Any)
- ☐ Sexual Assault Adult Victim
- ☐ Violating Protective Order

Incident Injuries Self-Report
- ☐ Broken Bones / Teeth
- ☐ Bruises / Abrasions
- ☐ Burns / Bites
- ☐ Chronic / Disabling
- ☐ Death
- ☐ Fear of Imminent Bodily Harm
- ☐ Gunshot / Knife Injuries
- ☐ Head / Spinal Injuries
- ☐ Internal Injuries
- ☐ No physical injury
- ☐ Injury, Type not Disclosed
- ☐ Other:_____
- ☐ Sprains / Back / Neck
- ☐ Strangulation
- ☐ Wounds / Punctures

Incident Injuries Official Sources
- ☐ Broken Bones / Teeth
- ☐ Bruises / Abrasions
- ☐ Burns / Bites
- ☐ Chronic / Disabling
- ☐ Death
- ☐ Fear of Imminent Bodily Harm
- ☐ Gunshot / Knife Injuries
- ☐ Head / Spinal Injuries
- ☐ Internal Injuries
- ☐ No physical injury
- ☐ Injury, Type not Disclosed
- ☐ Other:_____
- ☐ Sprains / Back / Neck
- ☐ Strangulation
- ☐ Wounds / Puncture

_____
_____
_____

Prepared By:_____   Reviewed By:_____   Review Date:_____

When to Complete the Incident Report Form

When a new participant begins at this program, this form should be completed about the incident that caused the participant to enter the program.

If there was more than one incident that caused the participant to enter the program and they are of a different nature (different victims, different types of violence, etc.) then a form should be filled out for each incident.

Also this form should be completed for incidents before intake that are significantly different from other ones, and relevant to the participant's work.

Also, this form should be filled out for all incidents, whether DV or simply criminal, that occur after intake in the program, so long as the participant is being tracked or still has some association with the program.

Incident Data Definitions—Filling out the form

This section is laid out in the same order as the form itself:

PARTICIPANT NAME and/or PARTICIPANT ID and/or APSIN ID

This line is for whatever identifier you use to identify your participant, in your files. If you haven't already, it is important to choose a system, document it in policies or procedures, and be consistent in its use. This information will help you find the participant in the database, but it is not entered again when entering an incident report into the database.

REFERRAL

If this incident is associated with the participant's entrance into the program, then in this section select why the participant had to enter the program. If there is no referral associated with this incident because for example this incident occurred while the participant was already enrolled in the program, then this section need not be filled out. If "other," write the referral source on the line provided.

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text "BIP" for community program, or "PBP" for prison program. Please be consistent in your usage.

DATE OF CONTACT

The date that this form was filled out. This information isn't currently entered into the database.

INCIDENT DATE

Date of the incident. If there were multiple actual incidents, and only one form is being filled in about them since they were all similar, then put the date of the incident that resulted in legal/criminal action, or put the date of the most recent incident.

COURT CASE IDS

If there are court case IDs associated with this incident, then include them here.

RELATIONSHIP TO VICTIM

Indicate who the victim is in relationship to the participant. Please check only one. "Minor child" is for the offspring of the participant, or for any child that the participant had official or unofficial guardianship of at the time of the offense. Adult children should be recorded and specified in the "Other" category.

TYPES OF VIOLENCE PARTICIPANT COMMITTED

Select any acts of violence that the participant committed during this incident. If additional information is available, such as a police report, that discloses violence that the participant did not acknowledge, then rely on that information.

ALCOHOL ABUSE

Select one option for whether or not the client used alcohol at the time of the incident. Please don't leave this section blank; select "Unknown" if alcohol use during the incident can't be determined.

DRUG ABUSE

Select one option for whether or not the client used drugs at the time of the incident. Please don't leave this section blank; select "Unknown" if drug use during the incident can't be determined.

CHARGES

Select all crimes that the participant has been charged with in association with this incident. "Domestic Violence" is not a charge in itself, but a modifier to other charges. Please select the Domestic Violence option, if the domestic violence checkbox is selected in the participant's court records. General information about crimes can be found in
http://touchngo.com/lglcntr/akstats/Statutes/Title11/Chapter41.htm and
http://touchngo.com/lglcntr/akstats/Statutes/Title11/Chapter46.htm

CONVICTIONS

Select all crimes that the participant has been convicted with in association with this incident. "Domestic Violence" is not a charge in itself, but a modifier to other charges. Please select the Domestic Violence option, if the domestic violence checkbox is selected in the participant's court records.

INCIDENT INJURIES SELF-REPORT

Select all injuries that the victim suffered during the incident, according to the participant.

INCIDENT INJURIES OFFICIAL SOURCES

Select all injuries that the victim suffered during the incident, that can be found by official sources such as police reports and court records.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It's strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

The Monthly Services Report Form

Contents

This form contains a record of all services provided to or for the participant, during one month. Some items are included on this form that are not direct services, including unexcused absence, and discharge.

When to Complete the Monthly Services Form

This form should be completed monthly for each participant, for every month in which the participant receives a service, or in which there is a relevant change of participant status. This form should also be completed for participants who are children and infants. This form should also be completed for participants who receive services and choose to remain anonymous.

CDVSA Batterer's Intervention Program		Monthly Services Report
PROGRAM:	PARTICIPANT ID and/or APSIN and/or NAME:	

Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Session Attended																															
2. Unexcused Absence																															
3. Excused Absence																															
4. Individual Meeting																															
5. Referral / Service Coordination																															
6. Lethality Assessment																															
7. "Duty to Warn" Report Filed																															
8. Follow Up Non-Completing Participant																															
9. Post-Completion Follow Up																															
10. Related Court Appearance																															
11. Support Attendance																															

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:
Affidavit of Non-Compliance Filed (Outcome)		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action		☐ Ordered Back to Program ☐ Probation Extended ☐ Bench Warrant ☐ Jail ☐ Other_____ ☐ No Action	
Discharged (Reason)		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased		☐ Noncompliant ☐ Program Completed ☐ Moved ☐ Other_____ ☐ Deceased	Prepared By:
Intake		☐ Accepted ☐ Not Accepted		☐ Accepted ☐ Not Accepted		☐ Accepted ☐ Not Accepted	Reviewed By: Review Date:
Other (Specify)							

Monthly Services Data Definitions—Filling out the form

The form is divided by dark borders into three sections.

Section One:

CDVSA Batterer's Intervention Program	Monthly Services Report
PROGRAM:	PARTICIPANT ID and/or APSIN and/or NAME:

PROGRAM NAME

Use an acronym for the program name, generally consisting of the first letter of each word in the program name. If there is a community and a prison program with the same name, then include the text "BIP" for community program, or "PBP" for prison program. Please be consistent in your usage.

PARTICIPANT NAME and/or PARTICIPANT ID and/or APSIN ID

This line is for whatever identifier you use to identify your participant, in your files. If you haven't already, it is important to choose a system, document it in policies or procedures, and be consistent in its use. This information will help you find the participant in the database, but it is not entered again when entering a services report into the database.

Section Two:

Month/Year:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1. Session Attended																															
2. Unexcused Absence																															
3. Excused Absence																															
4. Individual Meeting																															
5. Referral / Service Coordination																															
6. Lethality Assessment																															
7. "Duty to Warn" Report Filed																															
8. Follow Up Non-Completing Participant																															
9. Post-Completion Follow Up																															
10. Related Court Appearance																															
11. Support Attendance																															

MONTH/YEAR

Enter the month and year of these services/events.

For each of the following eleven services, put a mark (tally, X, check, or anything else) in the appropriate row and column for any day where that service was provided. Each column represents a different day of the month. If a client receives the same service more than once in one day, it is ok to record both services (can put 2 tallys, or 2 checks, or circle the X, or whatever system works best).

1. SESSION ATTENDED

Any class or group session attended. No distinction need be made for orientation or different phases of a program.

2. UNEXCUSED ABSENCE FROM SESSION

A session that is missed without prior arrangements made to allow the absence.

3. EXCUSED ABSENCE FROM SESSION

A session that is missed where prior arrangements have been made to allow the absence, or where an acceptable reason for the absence (for example a life-threatening emergency) is communicated.

4. INDIVIDUAL MEETING

Any one-on-one meeting with the participant following the initial intake assessment, outside of the class/group sessions.

5. REFERRAL/SERVICE COORDINATION

Any contact made with other service providers regarding other programs or services for the participant, either instead of or in addition to the batterers' program.

6. LETHALITY ASSESSMENT

A lethality assessment is an evaluation of the program participant's potential for causing physical injury to another person, considering many different factors. They are completed at intake and at intervals thereafter.

7. "DUTY TO WARN" REPORT FILED

Documented contacts made by program personnel to inform the requisite persons or organizations (victim/partner, police/troopers, sentencing court, victim shelter, prosecuting attorney) of any threats or acts of violation or violence by the participant.

8. FOLLOW-UP NON-COMPLETING PARTICIPANTS *(Recidivism Check)*

Contact by program personnel up to twelve months or more following the participant's exit from the program with the victim/partner, local shelter, law enforcement agencies and/or court, to determine if the former participant has committed more acts of violence.

9. POST COMPLETION FOLLOW UP *(Recidivism Check)*

Contact by program personnel up to twelve months or more following the participant's completion of the program with the victim/partner, local shelter, law enforcement agencies and/or court, to determine if the former participant has committed more acts of violence.

10. RELATED COURT APPEARANCE

Presence in court related to a client who is or was enrolled in the program.

11. SUPPORT ATTENDANCE

A participant who completed the program successfully attending a regular session, in support of the current participants.

Section Three:

In this section, the date of service is written in, and then a box is checked to provide further information on the nature or outcome of the service/event.

	Date	(Explanation)	Date	(Explanation)	Date	(Explanation)	Notes/Comments:	
Affidavit of Non-Compliance Filed (Outcome)		□ Ordered Back to Program □ Probation Extended □ Bench Warrant □ Jail □ Other_____ □ No Action		□ Ordered Back to Program □ Probation Extended □ Bench Warrant □ Jail □ Other_____ □ No Action		□ Ordered Back to Program □ Probation Extended □ Bench Warrant □ Jail □ Other_____ □ No Action		
Discharged (Reason)		□ Noncompliant □ Program Completed □ Moved □ Other_____ □ Deceased		□ Noncompliant □ Program Completed □ Moved □ Other_____ □ Deceased		□ Noncompliant □ Program Completed □ Moved □ Other_____ □ Deceased	Prepared By:	
Intake		□ Accepted □ Not Accepted		□ Accepted □ Not Accepted		□ Accepted □ Not Accepted	Reviewed By:	
							Review Date:	
Other (Specify)								

AFFIDAVIT OF NON-COMPLIANCE FILED (OUTCOME)

When the prosecuting attorneys or court personnel are informed that an individual has not complied with the program. Check a checkbox to indicate what happened as a result of the filing.

DISCHARGED (REASON)

When the participant exits the program, write the date, and select the reason for the exit.

INTAKE

When the participant receives an intake assessment, write the date, and select whether the participant was accepted or not accepted into the program.

OTHER (SPECIFY)

Write in the date of any services that aren't included elsewhere on the form. Write in what specific service was provided.

NOTES/COMMENTS

This section is for any comments or clarification you would like to include. It is very important not to include any information that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

PREPARED BY, REVIEWED BY, REVIEW DATE

This section is included to improve data quality and facilitate good communication. The information is not currently directly entered into the database. This section is for the initials of whoever prepares the form, whoever reviews it, and the date of the review. It's strongly recommended that all forms be checked for completeness and accuracy by someone other than the person who filled out the form, before being entered in the database, but this is not strictly required.

Getting to the Database

Navigating to the Database

The database is accessed via the internet. To get to it, open a browser such as internet explorer or google chrome, and type or paste this web address in the address bar:
https://dps.alaska.gov/batterersintervention/.
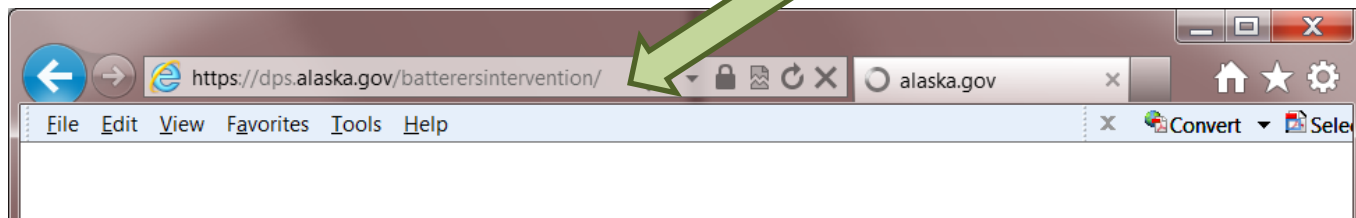
The database website should also be accessible via the CDVSA's technical support website:
http://www.dps.state.ak.us/Cdvsa/Grantee-Support-Database-Support.html

Logging into the Database

After you've navigated to the BIP database, you will be greeted by a login popup. Each batterer's intervention program will have at least one person who enters BIP data into the database. This person needs a login ID (DPS ID) and a password. This ID and password is assigned by the Department of Public Safety, and is gotten by contacting the CDVSA's Research Analyst (again, (907) 465-4673 or, for now, bahiyyih.parish@alaska.gov). The ID will usually consist of the data enterer's first name, middle initial, and last name.

Once you've gotten a DPS ID and password, enter the text "DPS\" followed by the DPS ID in the "User Name" box, then enter your password and press the Log In button. You should be taken, to the homepage for the BIP database site, which should look something like this:

Participant Data in the Database

Finding a Client

1) Before creating a new record for a client, it's important to be sure that the client doesn't already have a record in the BIP database. A client may already have a record because he was previously associated with your program, or with another program in Alaska. It's very important to search for each client before you create a new participant information record.

To search for a client, hover your mouse over the blue-green text on the BIP homepage that says "Client Service". From the drop-down menu that appears, select "List all clients"
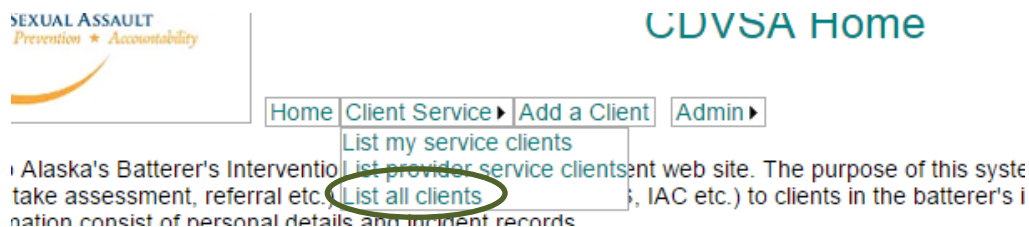
A list of clients, organized by last name should appear:

From here, you can scroll through the list and look for your client. You can also type in the first letter or part of your client's last name, in order to shorten the list that you need to look at:

If your new client is not on this list, then you will need to create a new client record (see step **2** below). If your new client is on the list, then click Edit to review and edit the Participant Information data, or to review old incidents and add a new incident. Select will enable you to review or add service data.

2) If your client's participant information is already in the database, and you would like to edit or enter new data, then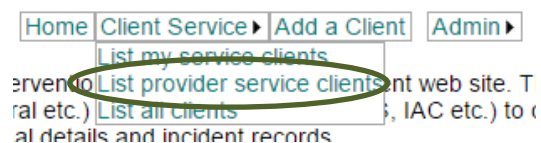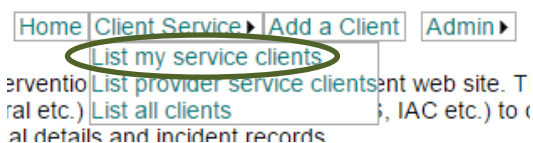 the first step is also to find your client's record. If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says "Client Service", and then selecting "List all clients" from the dropdown menu that appears.

However, if the participant already has services from your program saved in the database, then you can instead select "List my service clients" or List provider service clients" in order to get a shorter list to choose from:

A list of your clients or your program's clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client's last name, in order to shorten the list of people that you need to look at (see page 19).

Click the text Edit, next to the client's name, in order to edit the Participant Information data. The Edit button will also enable you to add new Incident data, and Select will enable you to to review or add new service data.

Creating a New Client Record

Every client who's getting services from your BIP will need to have a record in the Participant Information section of the database.

If you have already checked the database for your client's participant information, and your client is not there, then you will need to create a new client record.

A record can be created for a new client by clicking on the blue-green text "Add a Client" on the home page of the BIP database website.
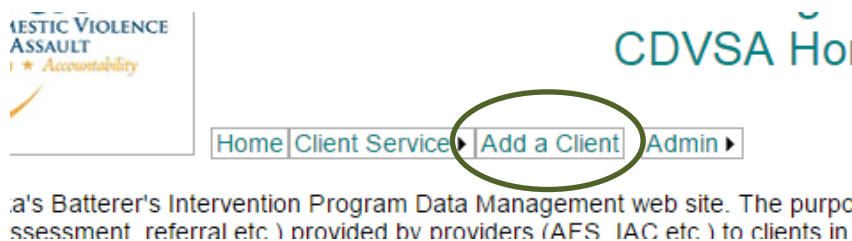
This will take you to the Client information screen, where information about the client can be entered.

Entering Participant Data

After you've created a new client, you'll see a page that looks somewhat like this:

The data for the called **Client** data entry area corresponds with the **Participant Information Report** form (see page 5 of this document)

The only field that's included here and not on the form, is the "Active:" checkbox. This checkbox can remain checked so long as the client is part of a batterer's intervention program, or is still being monitored by one.

Please enter some data for every section on this page. Sections are distinguished by the aqua and beige color bands. The only sections that can normally be left blank are "Middle Name", if the client has no middle name, and "Comment:", if you have no comments about the client. Please be sure that comments don't include information that could compromise the confidentiality or safety of the client's victim(s) and/or partners.

If you have selected "Other" for any of the sections, please describe it in the Comments section.

At the *very* beginning of the process of getting your program set up with this database, you may want to enter service data for a client who's continuing in the program, without entering full participant data for him at the same time. So long as this is a temporary measure, only to enable prompt entry of service data, you can temporarily only fill out "First Name", "Last Name", and "APSIN Id", for certain continuing clients, as needed. At a later date, full data entry should be completed for continuing clients.

"First Name", "Last Name", and "APSIN Id" are the only three fields that you can not save a new client record without.

Once you've entered all the data for this page, click the "Add" button at the top or bottom of the data entry area. You can tell that you've successfully added this new client if an incident data entry area appears to the right of the participant data entry area.

Once you've successfully added a new client, you should also be able to find him when you click on the "Client Service" button on the database homepage.

Editing Participant Data

In order to edit a client's participant data, you will first navigate to it using the instructions that start in the middle of page 19. From the list of clients, click on the text Edit, next to the client's name.

You will find yourself on a page that looks somewhat like this:

In order to edit the data for the client you've selected, once again click the text that says "Edit" in the Client information area:

This will allow you to change any data in the Client area. Keep in mind that all sections should be filled out if possible, and APSIN ID is mandatory. Once you've finished modifying the data, be sure to select "Update", in order to save the it. If you don't select "Update" then your changes will not be saved.

Incident Data in the Database

Finding Your Client

In order to add or edit incident data, the first step is to navigate to the client whose incident you want to enter.

If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says "Client Service", and then select "List all clients" from the dropdown menu that appears.

However, if the participant already has services from your program saved in the database, then you can instead select "List my service clients" or List provider service clients" in order to get a shorter list to choose from.

A list of your clients or your program's clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client's last name, in order to shorten the list of people that you need to look at (see page 19)

Click the text "Edit", next to the client's name, in order to edit or add to the client's Incident Data.

Entering a New Incident

Once you've clicked on the text "Edit", you should be taken to a page that has three areas, a **Client** area on the left, for Participant Information, a list of incidents associated with the client in the upper right, and a **Client Incident** area on the right below the list of incidents, for data from the **Incident Report form** (see page 9 of this document).

To create a new incident, start entering the data from your Incident Report form in the **Client Incident** area.

Please try to enter some data for every section on this page. Sections are distinguished by the aqua and beige color bands. If you select "Other" for any of the sections, please describe it in the "**Comments**:" section at the bottom.

You may also keep any other notes you'd like to in the "**Comment:**" section. It's very important not to include any information in the comments that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

The only incident information that the database itself requires is an incident date, but there will probably never be a reason for entering a date without the corresponding incident information.

When you're finished entering data for the new incident, click on the Add button at the top or bottom of the **Client Incident** section. If you don't select Add then your new incident will not be saved.

Editing Incident Data

Navigate to your client, using the instructions on page 23 if needed.

Once you've clicked on the text "Edit" in order to select your client, you should be taken to a page that has three areas, a **Client** area on the left, for Participant Information, a **list of incidents associated with the client in the upper right**, and a **Client Incident** area on the right below the list of incidents.

Find the incident you would like to edit, and click "Select" next to that incident.

Now you can edit the incident data.

Once you've finished modifying the data, be sure to select "Update", in order to save it. If you don't select "Update" then your changes will not be saved.

Services Data in the Database

Finding Your Client

In order to add or edit services data, the first step is to navigate to the client whose services you want to enter.

If the client does not yet have any services recorded with your BIP, then you will need to start by hovering your mouse over the blue-green text on the BIP homepages that says "Client Service", and then select "List all clients" from the dropdown menu that appears.
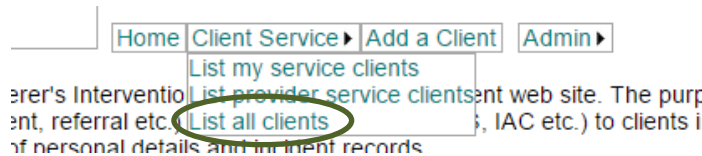
However, if the client already has services from your program saved in the database, then you can instead select "List my service clients" or List provider service clients" in order to get a shorter list to choose from.

A list of your clients or your program's clients should appear, organized by last name, and from there you can find the client you are looking for. You can search by the first letter or part of your client's last name, in order to shorten the list of people that you need to look at (see page 19)

Click the text "Select", next to the client's name, in order to edit or add to the client's Services Data.

Entering a Service

Once you've clicked on the text "Select", the name of your client should become highlighted in red and italicized. Also, at the top right, the Client Service data entry area should appear, and a list of services that the client has received should appear below this.

Data for this area is entered slightly differently from the other two forms. Every service that's on a client's **Monthly Services Report** gets a different record. So for every service provided, you will add and save a new record, each with its own date. Some people may find that it's easiest to enter services data on the day that the service was provided.

To create a new service, choose what piece of data you'd like to enter from the Monthly Services Report form. If necessary, change the service date to reflect the date that the service was provided. Check the appropriate box for the service, in the "**Service Type:**" section.

You shouldn't need to change the "**Provider:**" section. Contact the CDVSA's Research Analyst (907) 465-4673 or, currently, bahiyyih.parish@alaska.gov if the "**Provider:**" section is not correct. You may want to change or add to the selection in the "**Counselor:**" section, in order to accurately reflect who provided the service.

If you selected "Other", then please explain what the service is in the "**Comment:**" section. You may also use the "**Comment:**" section for any other notes you'd like to keep in the database. It's very important not to include any information in the comments that could compromise the confidentiality or safety of the participant's victim(s) and/or partners.

Once you've made the appropriate selections, click on the Add button at the top or bottom of the Client Service section. If you don't select Add then your new service will not be saved.

Repeat this process for each service on your Monthly Services Report. If you find that you can't edit the date in the client service section, that means you have a service already selected:

You can see which service is selected by finding the service in the list below that is highlighted in red and italicized:

Select Add from the Client Service section, in order to be able to enter new services again:

Safety Checks

The **Client Service** data entry area includes an option for recording victim Safety Checks. Alaska regulations require that BIPs ensure that regular victim safety checks are made and reviewed (see [22 AAC 25.030 (a)(1)(H)](#)).

A safety check is verified contact made with the program participant's victim and/or partner regarding safety issues. Such contact may be via telephone or in person. It's not specified whether the batterer's program staff should execute the safety checks, or whether the local victim service program should.

The safety check option has been included in the database in case your program finds it useful to track them with this tool. Using the BIP database to track safety checks is **not** required, but some method of safety check tracking or verification is required. Records of victim safety checks must maintain victim confidentiality ([22 AAC 25.050(b)](#)).

Editing Service Data

Navigate to your client, using the instructions on page 26 if needed.

Once you've clicked on the text "Select", the **Client Service** data entry area should appear in the top right, and a list of services that the client has received should appear below this:

In order to select the service you would like to modify, click on the text "Select" next to that service in the service list.

The service you selected from the list should become red and italicized, and you will be able to edit it in the **Client Service** data entry area.

Once you've made the changes to the service that you'd like to make, be sure to select "Update" from the **Client Service** data entry area, in order to save the changes. If you don't select "Update" then your changes will not be saved.